

## READINESS AND DEPLOYMENT CHECKLIST

For use of this form, see DA PAM 600-81 and AR 600-8-101; the proponent agency is ODCSPER.

**AUTHORITY:** 10 USC Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In, Out, and Mobilization Processing; and EO 9397 (SSN).

**PURPOSE:** To provide a standardized means to evaluate readiness posture and validate military and non-military personnel for deployment.

**ROUTINE USES:** The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

**DISCLOSURE:** Voluntary. However, failure to update and confirm information is correct may impede processing time and deployability status.

**INSTRUCTIONS:** This checklist is composed of a tracking data sheet and ten sections. All checklist sections are divided into two parts: Readiness (*Part A*) and Theater Specific Deployment (*Part B*) Requirements. The appropriate OIC/NCOIC will certify Part A, Readiness Requirements, at least annually or within the number of days specified by AR 600-8-101, or DA message, prior to mobilization or deployment. The unit commander will certify completion/review of readiness at the end of the checklist. The appropriate Installation OIC/NCOIC will check Part A again to ensure items that are "NO GO" or blank are completed/updated; will complete the Deployment Validation columns in Part A; and will conduct and validate Part B, Deployment Requirements, if required. Certified and completed readiness requirements will be recognized by the Installation to avoid duplication. The AG normally validates deployability at the end of the checklist for the installation commander.

1. DATE (YYYYMMDD)		2. NAME (Last, First, Middle)		3. SSN	
4. SERVICE AFFILIATION		5. COMPONENT		6a. RC STATUS	
<input type="checkbox"/> USA	<input type="checkbox"/> USCG	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> IMA	<input type="checkbox"/> AGR	<input type="checkbox"/> JRU
<input type="checkbox"/> USN	<input type="checkbox"/> PHS	<input type="checkbox"/> GUARD	<input type="checkbox"/> IRR	<input type="checkbox"/> NG1	<input type="checkbox"/> MCU
<input type="checkbox"/> USAF	<input type="checkbox"/> NOAA	<input type="checkbox"/> RESERVE	<input type="checkbox"/> NGU	<input type="checkbox"/> NG3	<input type="checkbox"/> RET
<input type="checkbox"/> USMC		<input type="checkbox"/> NON-MILITARY	<input type="checkbox"/> TPU		
				6b. RC PAY STATUS	
				<input type="checkbox"/> AGR	<input type="checkbox"/> TTAD
				<input type="checkbox"/> AT	<input type="checkbox"/> TDY
				<input type="checkbox"/> ADSW	<input type="checkbox"/> EAD
				<input type="checkbox"/> ODT	
7. NON-MILITARY STATUS				8. TRAVEL STATUS	
<input type="checkbox"/> DOD	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> AAFES	<input type="checkbox"/> a. UNIT ORDER		
<input type="checkbox"/> DAC	<input type="checkbox"/> RED CROSS	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> b. INDIVIDUAL		
9a. PARENT UNIT & UIC / NON-MILITARY NAME		9c. E-MAIL ADDRESS		13. RANK/PAY PLAN	
				14. GRADE	
				15. SEX	
		10. TELEPHONE NUMBER		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
9b. MAILING ADDRESS (Include ZIP Code)				16. HEIGHT(inches)	
				17. WEIGHT	
		11. DSN TELEPHONE NUMBER		18. BLOOD TYPE	
				19. RELIGIOUS PREFERENCE	
		12. FAX TELEPHONE NUMBER		20. CITIZENSHIP COUNTRY	
21a. OCCUPATION CODES		21b. JOB TITLES		21c. PRIMARY SPECIALTY	
22a. LANGUAGE SPECIALTIES (Specify)		22b. DATE LANGUAGE CERTIFIED (YYYYMMDD)		23. COMMON ACCESS CARD ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO	
24. TASK FORCE (TF) OR MISSION TITLE		25. MISSION CODE		26. DEPLOYMENT COUNTRY OR STATE (Final Destination)	
27. SCHEDULED DEPLOYMENT DATE (YYYYMMDD)					
28a. GAINING UNIT (Final Destination)		28b. GAINING UNIT UIC (Leave blank)		28c. ARRIVAL DATE AT MOB STA (YYYYMMDD) (Leave blank)	
				28d. DEPART DATE FROM MOB STA (YYYYMMDD)	

### INSTRUCTIONS FOR CERTIFYING READINESS AND DEPLOYMENT OFFICIALS:

**Readiness Review Official (Part A).** Each reviewer must be qualified and familiar with the requirements of each line item in their section. Complete each line item when possible. Leave blank any line item if unable to complete or update. Mark a line item as a "NO GO" if any condition or situation is recognized that adversely affects the individual's ability to perform their assigned duties for the duration of the mission. When possible, provide the reason for a "NO GO" on Page 6, Section D. The Certifying Official signs after all line items in their designated section are considered, even if some are left blank. **DP** = Deployment Packet. If designated for deployment, place this document in Deployment Packet. Only Readiness Requirements are completed in an annual or unit readiness review.

**Deployment Review Official (Part B).** Deployment line items are completed only if deploying to a specified mission. The appropriate reviewer will check and certify that each line item in Part A is completed/updated. Ensure any required items are enclosed in the DP. Update/complete any "NO GO" or blank line items in Part A. Conduct and complete Part B of each section. The individual processing for deployment verifies the information is correct. A "NO GO" does not necessarily mean you are nondeployable. The installation commander or designated representative makes the final determination on deployment status.

NAME <i>(Last, First Middle)</i>				SSN		
ITEM		READINESS CERTIFICATION		DEPLOYMENT VALIDATION		
SECTION I - PERSONNEL		NA	NO GO	DATE (YYYYMMDD)	DATE UPDATED (YYYYMMDD)	GO
Part A - Personnel Readiness Requirements						
1. Emergency Data Record, DD Form 93, review and update <i>(initial and date copy)</i> DP						
2. SGLI, SGLV Form 8286, FEGLI review and update <i>(initial and date copy)</i> DP						
3. ERB or ORB, or DA Forms 2A and 2-1 <i>(current copy)</i> , if applicable DP						
4. Civilian only: Pre-identify Emergency Essential Mob Agreement <i>(EEMA)</i> signed DP						
5. Approved Family Care Plan, DA Form 5305-R, if required						
6. Identification Card current						
7. ID Tags <i>(two sets w/chains)</i> current DP						
8. Geneva Convention Identity card issued, when required						
9. Medical Warning Tag issued, when required						
10. ETS/ESA date pending within deployment period plus 30 days						
11. Administrative actions pending <i>(flag, discharge, separation, etc.)</i>						
12. Permanent Physical Profile 3 or 4 <i>(MMRB pending or complete)</i>						
13. Single parent or military couple in adoption process <i>(waivable)</i>						
14. Mother of newborn <i>(first 4 months)</i> <i>(waivable)</i>						
15. Conscientious objector status: pending = GO, approved = consider duty restrictions						
16. Postal change of Address Card, DA Form 3955, if required						
17. BT/AIT or equivalent training completed <i>(includes OBC, WOBC)</i>						
<b>Complete only upon alert:</b>						
18. RC only: All previous discharge certificates <i>(DD Forms 214 or 220)</i> , if applicable DP						
19. RC only: Mobilization Orders, if required DP						
20. Civilian only: Automated Employee Master Data Record, current copy DP						
21. Passport or Visa requested or in possession, if required						
22. Sole surviving family member <i>(waivable)</i>						
23. Turkish or German citizen deploying through/to that country						
24. Former Peace Corps member <i>(No intelligence duty in country worked)</i>						
25. Former hostage/POW in deployment area <i>(waivable)</i>						
26a. PRINTED NAME AND RANK OF CERTIFYING READINESS OFFICIAL		26b. SIGNATURE OF CERTIFYING READINESS OFFICIAL			26c. DATE (YYYYMMDD)	
<b>Part B - Installation Personnel Deployment Requirements</b>					NA	NO GO
1. Passport or Visa current, if required <i>(carried by person)</i>						
2. Deployment Orders DP						
3. Chaplain: Appointment or visit, if requested						
4. Army Community Service: Family Support Group or ACS info provided						
5a. PRINTED NAME AND RANK OF CERTIFYING DEPLOYMENT OFFICIAL				<input type="checkbox"/> NO GO <input type="checkbox"/> GO		
5b. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL				5c. DATE (YYYYMMDD)		
<b>READINESS AND DEPLOYMENT CHECKLIST REMARKS</b>						

NAME <i>(Last, First Middle)</i>			SSN			
<b>ITEM</b>		<b>READINESS CERTIFICATION</b>		<b>DEPLOYMENT VALIDATION</b>		
<b>SECTION II - FINANCE</b>		<b>NA</b>	<b>NO GO</b>	<b>DATE (YYYYMMDD)</b>	<b>DATE UPDATED (YYYYMMDD)</b>	<b>GO</b>
<b>Part A - Finance Readiness Requirements</b>						
1. Enrolled in SUREPAY/Direct Deposit						
2. Pay Records Review						
3. Initiate or change allotment(s), if applicable						
4a. PRINTED NAME AND RANK OF CERTIFYING READINESS OFFICIAL		4b. SIGNATURE OF CERTIFYING READINESS OFFICIAL			4c. DATE (YYYYMMDD)	
<b>Part B - Installation Finance Deployment Requirements</b>					<b>NA</b>	<b>NO GO</b>
1. Entitlements verified <i>(include deployment area entitlements and BAH)</i>						
2. Travel claims initiated or settled						
3a. PRINTED NAME AND RANK OF CERTIFYING DEPLOYMENT OFFICIAL				<input type="checkbox"/> <b>NO GO</b> <input type="checkbox"/> <b>GO</b>		
3b. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL				3c. DATE (YYYYMMDD)		
<b>SECTION III - LEGAL</b>		<b>NA</b>	<b>NO GO</b>	<b>DATE (YYYYMMDD)</b>	<b>DATE UPDATED (YYYYMMDD)</b>	<b>GO</b>
<b>Part A - Legal Readiness Requirements</b>						
1. Will						
2. Power of Attorney (POA)						
3. Civil actions pending <i>(plaintiff, defendant or subpoenaed as witness)</i>						
4. Domestic violence investigation pending <i>(weapon prohibition)</i>						
5. Briefings (UCMJ, Geneva Convention, Law of Land Warfare), as required <i>(Soldiers and Sailors Relief Act, Reemployment rights, ESGR)</i>						
6a. PRINTED NAME AND RANK OF CERTIFYING READINESS OFFICIAL		6b. SIGNATURE OF CERTIFYING READINESS OFFICIAL			6c. DATE (YYYYMMDD)	
<b>Part B - Installation Legal Deployment Requirements</b>					<b>NA</b>	<b>NO GO</b>
1. Local laws for deployment area briefing						
2a. PRINTED NAME AND RANK OF CERTIFYING DEPLOYMENT OFFICIAL				<input type="checkbox"/> <b>NO GO</b> <input type="checkbox"/> <b>GO</b>		
2b. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL				2c. DATE (YYYYMMDD)		
<b>SECTION IV - SUPPLY AND LOGISTICS</b>		<b>NA</b>	<b>NO GO</b>	<b>DATE (YYYYMMDD)</b>	<b>DATE UPDATED (YYYYMMDD)</b>	<b>GO</b>
<b>Part A - Supply and Logistics Readiness Requirements</b>						
1. Personal military clothing, basic issue or like quantities						
2. Organizational clothing and equipment issued for duty MOS						
<b>Complete only upon alert:</b>						
3. Personal property and vehicle disposition						
4a. PRINTED NAME AND RANK OF CERTIFYING READINESS OFFICIAL		4b. SIGNATURE OF CERTIFYING READINESS OFFICIAL			4c. DATE (YYYYMMDD)	
<b>Part B - Installation Supply and Logistics Deployment Requirements</b>					<b>NA</b>	<b>NO GO</b>
1. Theater specific clothing issued						
2. Theater specific equipment issued						
3a. PRINTED NAME AND RANK OF CERTIFYING DEPLOYMENT OFFICIAL				<input type="checkbox"/> <b>NO GO</b> <input type="checkbox"/> <b>GO</b>		
3b. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL				3c. DATE (YYYYMMDD)		

NAME <i>(Last, First Middle)</i>				SSN					
ITEM				READINESS CERTIFICATION		DEPLOYMENT VALIDATION			
SECTION V - MEDICAL				NA	NO GO	DATE (YYYYMMDD)	DATE UPDATED (YYYYMMDD)	GO	
Part A - Medical Readiness Requirements									
1. Medical Record Review <i>(DA Forms 8005 or 3444, Outpatient Medical Record)</i>									
2. Immunizations current <i>(immunization Record, SF Form 601)</i>									
3. Shot Record, International Certificate of Vaccination, PHS 731									
4. Human Immunodeficiency Virus <i>(HIV)</i> Antibody Test current									
5. DNA tissue sample <i>(verification in DEERS, if required)</i>									
6. Medical Warning Tag, DA Form 3365, if required									
7. Eyeglasses <i>(two pair, one pair may be civilian style)</i> , if required									
8. Protective mask inserts, if required									
9. Females: Pregnancy verified and profiled									
10. Assigned to Quarters									
Complete only upon alert:									
11. Physical current <i>(consider special duty requirements: aviation, etc.)</i>									
12. Hearing aid with extra batteries, if required									
13. Physical profile: temporary or permanent for injury, illness or condition									
14. Line of Duty Investigation pending <i>(complete prior to deployment)</i>									
15. Medical Summary Sheet, DA Form 8007-R <i>(MD, PA, RN sign and date)</i> DP									
16a. PRINTED NAME AND RANK OF CERTIFYING READINESS OFFICIAL				16b. SIGNATURE OF CERTIFYING READINESS OFFICIAL			16c. DATE (YYYYMMDD)		
Part B - Installation Medical Deployment Requirements							NA	NO GO	GO
1. Medical Pre-Deployment Surveillance Questionnaire, if required DP									
2. HIV cleared for Deployment									
3. Theater specific immunizations required for deployment area									
4. Preventive Medicine briefing for deployment area									
5. Prescriptions <i>(medications)</i> <i>(sufficient supply; minimum 90 day if OCONUS)</i>									
6. Females: Pregnancy test results: Negative = GO, Positive = NO GO									
7. Medical Summary Sheet Update, DA Form 8007-R DP									
8a. PRINTED NAME AND RANK OF CERTIFYING DEPLOYMENT OFFICIAL						<input type="checkbox"/> NO GO <input type="checkbox"/> GO			
8b. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL						8c. DATE (YYYYMMDD)			
SECTION VI - DENTAL				NA	NO GO	DATE (YYYYMMDD)	DATE UPDATED (YYYYMMDD)	GO	
Part A - Dental Readiness Requirements									
1. Dental record on file									
2. Panographic X ray <i>(or bite wings)</i> in dental record									
3. Dental Classification and Date of last exam DP									
4. PRINTED NAME AND RANK OF CERTIFYING READINESS OFFICIAL				4b. SIGNATURE OF CERTIFYING READINESS OFFICIAL			4c. DATE (YYYYMMDD)		
Part B - Installation Dental Deployment Requirements							NA	NO GO	GO
1. Dental classification. <i>(1 or 2 = GO; 3 or 4 = NO GO)</i>				1	2	3	4		
2a. PRINTED NAME AND RANK OF CERTIFYING DEPLOYMENT OFFICIAL						<input type="checkbox"/> NO GO <input type="checkbox"/> GO			
2b. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL						2c. DATE (YYYYMMDD)			

NAME (Last, First Middle)				SSN					
<b>ITEM</b>				<b>READINESS CERTIFICATION</b>		<b>DEPLOYMENT VALIDATION</b>			
<b>SECTION VII - TRAINING</b>				<b>NA</b>	<b>NO GO</b>	<b>DATE (YYYYMMDD)</b>	<b>DATE UPDATED (YYYYMMDD)</b>	<b>GO</b>	
<b>Part A - Training Readiness Requirements</b>									
1. Weapons qualification, if applicable									
2. Weapon Issued, if applicable - <b>Serial Number:</b>									
3. Military Drivers License (OF 346) Issued, if applicable									
4. Force Protection Training administered									
5. OPSEC/SAEDA Briefing									
6. CTT completed, as required									
<b>Complete only upon alert:</b>									
7. Deployment Briefing to Family Members									
8a. PRINTED NAME AND RANK OF CERTIFYING READINESS OFFICIAL				8b. SIGNATURE OF CERTIFYING READINESS OFFICIAL			8c. DATE (YYYYMMDD)		
<b>Part B - Installation Training Deployment Requirements</b>							<b>NA</b>	<b>NO GO</b>	<b>GO</b>
1. Theater specific training requirements completed									
2. Weapons Issued for Theater - <b>Serial Number:</b>									
3a. PRINTED NAME AND RANK OF CERTIFYING DEPLOYMENT OFFICIAL						<input type="checkbox"/> NO GO <input type="checkbox"/> GO			
3b. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL						3c. DATE (YYYYMMDD)			
<b>SECTION VIII - SECURITY</b>				<b>NA</b>	<b>NO GO</b>	<b>DATE (YYYYMMDD)</b>	<b>DATE UPDATED (YYYYMMDD)</b>	<b>GO</b>	
<b>Part A - Security Readiness Requirements</b>									
1. Security clearance meets requirement for duty position									
2a. PRINTED NAME AND RANK OF CERTIFYING READINESS OFFICIAL				2b. SIGNATURE OF CERTIFYING READINESS OFFICIAL			2c. DATE (YYYYMMDD)		
<b>Part B - Installation Security Deployment Requirements</b>							<b>NA</b>	<b>NO GO</b>	<b>GO</b>
1. Security clearance meets requirement for deployment mission									
2. Security briefing for deployment area									
3a. PRINTED NAME AND RANK OF CERTIFYING DEPLOYMENT OFFICIAL						<input type="checkbox"/> NO GO <input type="checkbox"/> GO			
3b. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL						3c. DATE (YYYYMMDD)			
<b>SECTION IX - ADDITIONAL</b>				<b>NA</b>	<b>NO GO</b>	<b>DATE (YYYYMMDD)</b>	<b>DATE UPDATED (YYYYMMDD)</b>	<b>GO</b>	
<b>Part A - Additional Readiness Requirements</b>									
1.									
2.									
3.									
4a. PRINTED NAME AND RANK OF CERTIFYING READINESS OFFICIAL				4b. SIGNATURE OF CERTIFYING READINESS OFFICIAL			4c. DATE (YYYYMMDD)		
<b>Part B - Additional Installation Deployment Requirements</b>							<b>NA</b>	<b>NO GO</b>	<b>GO</b>
1. Drug and alcohol test, if required									
2.									
3.									
4a. PRINTED NAME AND RANK OF CERTIFYING DEPLOYMENT OFFICIAL						<input type="checkbox"/> NO GO <input type="checkbox"/> GO			
4b. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL						4c. DATE (YYYYMMDD)			

NAME <i>(Last, First Middle)</i>				SSN	
<b>SECTION X - READINESS CERTIFICATION</b>					
<b>Part A. Readiness Certification:</b> I certify all READINESS line items are checked and certified by a qualified reviewer. Line items that could not be checked are left blank.					
1. PRINTED NAME OF CERTIFYING READINESS OFFICIAL		2. RANK		3. TITLE	
4. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL		5. ADDRESS			
6. E-MAIL ADDRESS	7. PHONE NUMBER	8. DSN NUMBER	9. FAX NUMBER	10. DATE (YYYYMMDD)	
<b>Part B. Deployment Validation:</b> All READINESS requirements are checked/updated and all DEPLOYMENT <i>(theater specific)</i> requirements are completed. The individual is: <input type="checkbox"/> NO GO <input type="checkbox"/> GO <i>(Deployable)</i>					
1. PRINTED NAME OF VALIDATING DEPLOYMENT OFFICIAL		2. RANK		3. TITLE	
4. SIGNATURE OF VALIDATING DEPLOYMENT OFFICIAL		5. ADDRESS			
6. E-MAIL ADDRESS	7. PHONE NUMBER	8. DSN NUMBER	9. FAX NUMBER	10. DATE (YYYYMMDD)	
<b>Part C. Accuracy Statement:</b> I understand I am validated for deployment and to the best of my knowledge, all information contained in this document is correct and current.					
1. SIGNATURE				2. DATE (YYYYMMDD)	
<b>Part D. Nondeployable Statement:</b> I have been briefed on the line item(s) that render me nondeployable. Reason(s) are stated below.					
1. SIGNATURE OF NONDEPLOYABLE INDIVIDUAL				2. DATE (YYYYMMDD)	
<b>Commander's Approval:</b> <i>(Commanders may approve a non-deployable individual for deployment based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.)</i> I approve the individual for deployment.					
3. PRINTED NAME OF VALIDATING OFFICIAL <i>(CDR or AG)</i>		4. RANK		5. TITLE	
6. SIGNATURE OF VALIDATING OFFICIAL		7. ADDRESS			
8. E-MAIL ADDRESS	9. PHONE NUMBER	10. DSN NUMBER	11. FAX NUMBER	12. DATE (YYYYMMDD)	
<b><i>The Readiness and Deployment Checklist is filed in the Deployment Packet to complete the action. A copy remains at the losing organization.</i></b>					